



HIV Disease Monitoring, Prevention, and Care: Partner Services

Reducing staff or funding for Partner Services (PS) would decrease the number of partners of HIV-infected individuals who will be contacted and tested. This will lead to a decrease in the percent of persons who know their HIV status and are able to be linked to medical care early. Individuals who are unaware of their status are more likely to transmit HIV to others and are likely to be sicker when they enter medical care resulting in higher medical costs. If funding for PS is increased, more individuals would know their HIV status. Partners of HIV infected individuals could be connected to medical services earlier, reducing their lifetime medical costs; and negative persons would be aware that they had been exposed to HIV and could be linked to prevention and other social/medical services which would lead to decreased HIV transmission in the community.

Objective

Min 68% of locatable partners of persons newly diagnosed with HIV will be tested for HIV; of those who test positive, 95% will be connected to medical care; 2) Min 95% of HIV+ pregnant women receiving PS will be connected to appropriate medical care to prevent mother-to-child transmission of HIV

Performance Indicator

- 1) Percent of locatable partners of HIV positive individuals tested for HIV
- 2) Percent of partners who test positive connected to appropriate medical care
- 3) Percent of HIV positive pregnant women receiving HIV partner services connected to appropriate medical care

Narrative

The Louisiana Office of Public Health – HIV/AIDS Program (OPH-HAP) and the OPH-STD Program collaborate to provide partner services (PS). PS are a broad array of services offered to persons with HIV or syphilis and their sexual or needle-sharing partners, including: 1) identifying infected persons, confidentially notifying partners of possible exposure and offering HIV testing, and providing infected persons and their partners a range of medical, prevention, and

psychosocial services; 2) identifying HIV+ pregnant women and ensuring they are in care; and 3) locating HIV+ persons who have not received their tests results and are not connected to medical care. PS can improve the health not only of individuals, but of communities. Women who are identified as pregnant at the time of their HIV diagnosis are expedited for outreach to ensure linkage to care. HIV+ but newly pregnant women who do not appear to be accessing care are also contacted by OPH for referral into care and case management.

The following principles serve as the foundation for providing PS:

- Client centered. All PS processes should be tailored to the behaviors, circumstances, and specific needs of each client
- Confidential. Confidentiality is essential to the success of PS. When notifying partners of exposure, the identity of the index patient must never be revealed, and no information about partners is conveyed back to the index patient.
- Private information disclosed by newly diagnosed individuals is held in strict confidence, both because of its private nature and as a sign of respect for the person who is volunteering to share the information to help others. Real or perceived breaches can endanger persons being served, who might face stereotyping; social isolation; loss of social or financial support; barriers to accessing housing, employment, and various social and medical services; and physical or emotional abuse. Breaches also can undermine community trust in and access to important public health programs and services.
- Voluntary and non-coercive. Participating in PS is voluntary for both infected persons and their partners; they should be encouraged and not be coerced into participation.
- Free. PS are free of charge for infected persons and their partners.
- Culturally, linguistically, and developmentally appropriate. PS should be provided in a nonjudgmental way and be appropriate for the cultural, linguistic, and developmental characteristics of each client

Better Health

PS advances the State outcome goal of Better Health by educating persons about their HIV status and by informing partners of their possible exposure to HIV. These services can empower persons who are found to be infected with HIV to seek medical care at an early stage of their HIV infection and ultimately reduce overall health care costs. Knowing infection status provides vital information for individuals to take responsibility for their health care and to avoid transmission to others.

PS is offered to approximately 1000 persons with syphilis and 1500 persons with HIV infection statewide each year as soon as possible after diagnosis, regardless of the infection. Urgency and promptness are essential elements of effective partner services. Persons receiving partner services are primarily African American and low income.

Partner Services is a collaborative effort of the HIV and STD Programs within the Office of Public Health Center for Preventive Health. The intervention is carried out by Disease Intervention Specialists housed in each of the public health regional offices in cooperation with all public and private medical providers in the state who treat sexually transmitted diseases, as well as over 14 community- and faith-based organizations that conduct HIV testing.

PS programs benefit three principle groups: persons infected with HIV or other STDs, their partners, and the community. Studies have demonstrated that: 1) quality PS can reduce risk for acquiring a new STD, 2) behavioral interventions can reduce transmission risk behaviors, and 3) persons with HIV who are aware of their infection have substantially lower levels of transmission risk behaviors than those who are not aware. Thus, increased access to PS should result in lower transmission rates (MMWR, Oct. 31, 2008 / Vol. 57 / No. RR-9).

PS can help persons with HIV ensure that partners are notified of their possible exposure. Exposed partners are at high risk for infection, as indicated by the high prevalence of infection among notified partners, and many are not aware of their risk and have never been tested. Finally, PS can improve disease surveillance and identify sex and drug-injection networks that can then be targeted for screening and prevention services. From 2003 to 2008, 12% to 20% of partners of HIV infected persons who have been tested were found to be HIV+. PS connects these people to primary medical care and other social services which have been found to improve overall health and reduce the risk of further transmission of HIV. In addition, DIS connect persons previously found to be positive and out of care to medical care.

PS are supported by RS 40:1062 – Infection of others prohibited, RS 40:1063 – Examination of persons suspected of being infected, and Louisiana Administrative Code Title 51 – Public Health – Sanitary Code Part II The Control of Diseases Chapter 1 paragraph 115, Investigations. Federal funding that supports PS is provided by the Centers for Disease Control and Prevention (CDC) through (1) CFDA Number 93.977 Comprehensive STD Prevention Systems Projects, Prevention of STD Related Infertility, Syphilis Elimination and Gonococcal Isolate Surveillance Project and (2) 93.940 HIV Prevention Activities-Health Department Based.